PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Traching Milling U.S. DEPARTMENT OF COMMERCE
Under the Papework Reduction Act of 1995 no persons are required to respond to a collection of information unless it fallestwas availed More north number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/535,733			ing Date 20/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALI									OR		HER THAN ALL ENTITY
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A	ı	N/A	122(0)		N/A	1 (0)
	SEARCH FEE		N/A		N/A	1	N/A		ı	N/A	
	(37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p), (p)	E	N/A	-	N/A	ı	N/A			N/A	
	FAL CLAIMS CFR 1.16(i))	01 (4))	minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =			x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	06/08/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 11	Minus	 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	···4	= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**	=	l	x \$ =		OR	x \$ =	
M	Independent (37 CFR 1.16(h))	*	Minus	***			x \$ =		OR	x s =	
ä	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
. 1									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, should be sent to the CEMPTO. USE and the sent of the CEMPTO. The value of the complete is form and/or segregations for reducing this burden, should be sent to the CEMPTO. However, the commence p.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THE TOTAL THIS ADDRESS. SEND TO THIS ADDRESS. SE